

HOSPITAL STATEMENT OF COST *Effective Date: March 18, 2013*
South Department of Social Services

This form is authorized by SDCL 28-13, and hospitals are required to file the completed form with the Department of Social Services at least annually to participate under the County Poor Relief Program.

Name of Hospital: HURON REGIONAL MEDICAL CENTER

Address: 172 4TH ST SE HURON, SD 57350

Period covered by statement: From JULY 1, 2012, 19 , to JUNE 30, 2012, 19

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 PROVIDER
 REIMBURSEMENT AND AUDITS

NOTE: SDCL § 28-13-28. A hospital may avail itself of the provisions of this chapter for purposes of determining payment for hospitalization of a medically indigent person only if the hospital has filed a detailed statement of costs with the secretary of social services in the form prescribed by the secretary. The statement of costs shall compute and set forth the ratios of costs to charges for the hospital's fiscal year covered by the statement of costs. The statement of costs shall be filed with the secretary at least annually, unless such period is extended or otherwise provided by the secretary, but a hospital may file a detailed statement of costs or amendments to such a statement once every six months.

NOTE: SDCL § 28-13-31. No statement of costs, or amendment thereto, may take effect until approved by the secretary of social services and the expiration of thirty days from the filing thereof, and thereafter, for purposes of this chapter, shall remain in full force and effect until the next statement of costs, or amendment thereto, filed by the hospital pursuant to § 28-13-28 is approved by the secretary. Any such statement of costs, or amendments thereto, shall be a public record and be available for inspection at any time in behalf of any board of county commissioners.

DEPARTMENTAL LISTING	Column A - Cost (Per Medicare Cost Report)	Column B - Charges (Per Medicare Cost Report)	Ratio of Cost to Charges Column A Divided by Column B
INPATIENT ROUTINE SERVICE			
HOSPICE	4,129,965	5,388,034	.76651
HOME HEALTH	274,117	648,320	.42281
	905,777	687,417	1.31765
NURSING CARE			
ENT CLINIC	499,225	370,036	1.34913
SPECIAL CARE			
Intensive Care Unit	768,138	632,064	1.21529
Coronary Care Unit			
Intermediate Care Unit			
Acute Care Unit			
ORTHO CLINIC	812,586	957,122	.84899
SURGICAL CLINIC	953,538	813,099	1.17272
NURSERY CARE			
	328,872	654,387	.50256
CRNA	787,186	2,077,977	.37882
ANCILLARY SERVICE			
	15,177,736	44,669,384	.33978
EMERGENCY ROOM	1,767,734	3,462,938	.51047
OBSERVATION ROOM	491,732	654,007	.75188

Please complete the reverse side of this form.